



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 5, 2021

Mekdes Zewde
5909 Buttonwood Drive
Haslett, MI 48840

RE: Application #: AS330404048
Big Hearts AFC
540 N. Hagadorn Road
East Lansing, MI 48823

Dear Mekdes Zewde:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 6 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. If I am not available, and you need to speak to someone immediately, please contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Derrick L. Britton".

Derrick Britton, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 284-9721

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AS330404048
Applicant Name:	Mekdes Zewde
Applicant Address:	5909 Buttonwood Drive Haslett, MI 48840
Applicant Telephone #:	(517) 505-9422
Licensee:	Mekdes Zewde
Administrator:	Mekdes Zewde
Name of Facility:	Big Hearts AFC
Facility Address:	540 N. Hagadorn Road East Lansing, MI 48823
Facility Telephone #:	(517) 402-9342
Application Date:	03/18/2020
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

03/18/2020	Enrollment Online enrollment
03/20/2020	Contact - Document Sent Act booklet
03/20/2020	Application Incomplete Letter Sent App - Last pg signed & dated; 1326's, RI-030's, & FP's for Mekdes & Tadele; AFC100 for Admini
05/05/2020	Contact - Document Received App; 1326's & RI-030's for Mekdes & Tadele
06/11/2020	Application Incomplete Letter Sent
09/03/2020	Contact - Document Received Application documents received
11/12/2020	Inspection Completed On-site
11/12/2020	Inspection Completed-BCAL Sub. Compliance
11/16/2020	Application Incomplete Letter Sent
01/05/2021	Contact - Document Received Email from Tadele Wami re: updates for corrections.
12/06/2021	Contact - Document Received Email from Tadele Wami re: updates on items for correction.
02/02/2021	Inspection Completed-BCAL Full Compliance
02/02/2021	CAP Compliance Verification Corrections made, full compliance
02/04/2021	PSOR on Address Completed No hits at address
02/04/2021	Exit Conference with Mekdes Zewde, Licensee/Administrator

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Big Hearts AFC is a single-story ranch style home located in the Grand River neighborhood of East Lansing, Michigan. The property, which was formally licensed as an Adult Foster Care Facility in 2019, has a lot size of .33 acres near the corner of Melrose Avenue and North Hagadorn Road. The main level has four resident bedrooms which all have half bathrooms, one full resident bathroom, a dining area, kitchen, and living room area with a half bathroom. The facility has an unfinished basement which will not be for resident use. The facility is wheelchair accessible and would be able to accept residents for admission who regularly require the use of a wheelchair to assist with mobility. Wheelchair ramps are located in the front and rear of the home.

The facility has four parking spaces in the front for staff and visitors. The home utilizes public water supply and sewage disposal system. Located in East Lansing, there are many options for parks, sporting activities, theaters, shopping, and recreational opportunities. The facility is near a post office, library, community center, and variety of restaurants, churches, and banks. Medical services can be obtained at Sparrow Hospital and several clinics in the area.

The facility is equipped with one electric force heat furnace and a water heater which were inspected on 11/17/2020 and determined to be in good working condition. Both the furnace and water heater are in the basement, which enclosed in a by a 1 ¾ inch solid core door that is self-closing with positive latching.

The facility is equipped with a working hardwired, interconnected smoke detection system with battery backup and tested to be in working order. Smoke detectors are in the entry hallway, living room, kitchen, dining room, each bedroom, furnace room and in the basement.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11' x 10'	110.83	1
2	12'6" x 13'3"	168.89	2
3	22'3" x 17'	192.83	2
4	21'1" x 7'	148.17	1
Living Room	14'6" x 13'4"	195.66	0
Dining Room	15'3" x 9'1"	140.56	0

The indoor living and dining areas measure a total of 336.22 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate six (6) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection, and personal care to six male and/or female residents who are diagnosed with a mentally illness and/or developmentally disability. The program will offer visiting physicians, home cooked meals, medication administration, recreational activities, planned outings, self-management skills, and assistance with activities of daily living to include meal etiquette, dressing, and personal hygiene. The applicant intends to accept referrals from Ingham County DHHS, Community Mental Health Authority of Clinton, Eaton, and Ingham Counties, or residents with private sources for payment.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources in the East Lansing/Lansing area for recreational activities. The program will utilize resources to provide an environment to enhance the quality of life of residents and will offer outings, church programs, shopping, and dining in the community. These resources provide an environment to increase the independence of residents. The program will adhere to all recommended preventative measures for COVID-19 while in the community to include having residents wear masks and practice social distancing.

C. Applicant and Administrator Qualifications

The applicant, Mekdes Zewde has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents.

Criminal history background checks of the applicant/administrator were completed, and Ms. Zewde was determined to be of good moral character to provide licensed adult foster care. The applicant/administrator submitted statements from a physician documenting her good health and current negative tuberculosis test results.

Ms. Zewde has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Zewde was a direct care worker in a licensed Adult Foster Care home for over two years, which was certified for residents with developmental disabilities and who were mentally ill. While working as a direct care worker, Ms. Zewde completed all the required adult foster care training and gained experience working with the program population. Ms. Zewde holds a

clinical nursing degree from Selam Nursing College in Ethiopia, where she worked in a private clinical nursing practice.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of one staff for six residents per shift. Ms. Zewde acknowledged that the staff-to-resident ratio may need to change in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. Ms. Zewde has indicated that direct care staff will be awake during sleeping hours.

Ms. Zewde acknowledged an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff to resident ratio.

Ms. Zewde acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledges the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing “direct access” to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

Ms. Zewde acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by licensee Ms. Zewde will administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

Ms. Zewde acknowledged the responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledged the responsibility to maintain all required documentation in each employee’s record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee’s record.

Ms. Zewde acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

Ms. Zewde acknowledged the responsibility to obtain the required written assessment plan, resident care agreement, and health care appraisal forms and signatures that are to be completed prior to, or at the time of, each resident’s admission to the home as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis.

Ms. Zewde acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all the documents that are required to be maintained within each resident's file.

Ms. Zewde acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all the residents' personal money transactions that have been agreed to be managed by the applicant.

Ms. Zewde acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

Ms. Zewde acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

Ms. Zewde acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

Ms. Zewde acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care family home with a capacity of six (6) residents.

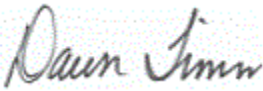


02/04/2021

Derrick Britton
Licensing Consultant

Date

Approved By:



02/05/2021

Dawn N. Timm
Area Manager

Date